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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Craig L. Schmidt et al. Examiner: S. Kennedy
Serial No. 10/057,419 Group Art: 3762
Filing Date: January 25, 2002 Docket No.: P-7586.01
Title: IMPLANTABLE MEDICAL DEVICE WITH A DUAL POWER
SOURCE

**TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING REJECTION
UNDER 37 CFR § 1.321(b)**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, Caroline F. Barry, claim that I am an authorized representative to sign on the behalf of the assignee of the above-identified patent application. The Assignment was recorded on April 30, 2002, at Reel 012824, Frame 0150.

The extent of our interest is in the whole of this invention.

Disclaimer

Applicants hereby disclaim the terminal part of any patent granted on the above-identified application which would extend beyond the expiration date of the full statutory term of U.S. Patent Nos. 6,456,883 and 6,044,295.

Any patent granted on the above-identified application shall be enforceable only for and during such period that said patent is commonly owned with the application(s) or patent(s) which formed the basis for the double patenting rejection.

Applicants: Craig L. Schmidt et al.
Serial No. 10/057,419
Page 2

The Commissioner is hereby authorized to charge \$110.00 to Deposit Account Number 13-2546 to cover the cost of the disclaimer. Any deficiency or overpayment should be charged or credited to Deposit Account No. 13-2546. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: 11/7/05



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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number.

40/457419
7506-2

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	Minus	30	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	180
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	920

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

2-4-05

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	Minus	20	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

11-17-05

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	Minus	20	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.